Health Care Benefit Manager Registration

Registration Demonstration

December 10, 2021
Navigate to “Registering as a Health Care Benefit Manager”

Navigate to the HCBM page
The HCBM page can be found on the insurance.wa.gov website.
It is located under the Company Applications menu.
REGISTRATION AS A HEALTH CARE BENEFIT MANAGER
INSTRUCTIONS FOR SUBMITTING NEW APPLICATIONS

Effective January 1, 2022, any person or entity providing services to, or acting on behalf of, a health carrier or employee benefits programs, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies are required to register as a Health Care Benefit Manager (HCBM) with the Washington Office of the Insurance Commissioner.

How to Apply

Applying for registration is a multi-step process.

**Step 1. Account creation and request for application**
To begin, complete the [Account Creation and Request for Application form](#). Upon submission of the form, you will receive an email confirming your request.
Step 1

Account Creation and Request for Application

What company type are you applying for?

- Captive
- Health Care Benefit Manager

Select Health Care Benefit Manager

Answer “What company type are you applying for?” with the “Health Care Benefit Manager” option in the drop-down menu.
Step 1

Account Creation and Request for Application
Fill out the form fields with the requested information.
Step 1

Account Creation and Request for Application
Continue to answer the questions in the application form.

Is the domicile address and contact information the same as the primary contact?
- Yes  - No

Is the mailing address and contact information the same as the primary contact?
- Yes  - No
I declare under penalty of perjury under the laws of the state of Washington that I am duly authorized to create this account and request an application on behalf of the applicant and that the information submitted is true and correct to the best of my knowledge.

Account Creation and Request for Application
Finish registration by selecting agree and submit.
Step 1 - Account Request (Complete)

Your Health Care Benefit Manager account request for Fake HCBM has been received by the Washington State Office of the Insurance Commissioner.

Step 2 - Payment

We will notify you by email at melaniea@oic.wa.gov with the instructions to log into our online system and pay the required $200 fee.

Step 3 - Application

Once payment is received, we will email you instructions to submit the application and supporting documents.

What would you like to do next?

Return to the Office of Insurance Commissioner home page.

**Review checklist page.**
The checklist page should indicate that Step 1: Account Request is complete. The next step is payment.
Dear Melanie Anderson,

Thank you for submitting your Health Care Benefit Manager account request for Fake HCBM.

We will notify you by email once the initial information is reviewed by our staff. The email will include instructions to log into our online system and pay the required $200 fee.

Call us at 360-725-7200 or email us if you have questions or need help.

Check your email
You should receive a confirmation email stating your request was received.
Step 2 - Submit application fee payment

Example

Check your email
You should receive a confirmation email stating you can make your payment.
Step 2

Login with the information provided in the email

Your user ID will be FIN followed by a number assigned to your organization. For example, your user ID might look like FIN12345.
Step 2

Select the view and make payments menu option
To the left of your screen there is a menu. Click on “make or view payments” to submit the $200.00 registration fee.
Step 2

Payment Options

Fake HCBM
WAOIC#

Payment Detail
Registration Fee
Less Payments Made
Balance due in our office immediately

If you have questions concerning the payment of fees, contact us at (360) 725-7031.

Payment Options (choose one below)
Pay by e-Check (must be from a United States bank with US funds)
WARNING: Please verify with your bank that your account does not have a block against Debit EFT transactions.
Your bank may request the following information:
Company ID: E916001093
Company Name: Office of Insurance Commissioner

Amount
Account Details
Account Type
Bank Routing #
Account #
Re-enter Account #
Name on the Account
Email Receipt To
$200.00
Business Account
Checking Account
EXAMPLE

Pay by paper check

E-Check Example
Step 2

E-Check Verification Example
Step 3 - Submit completed application and supporting documentation

Example

Dear Melanie Anderson,

We have received your payment. Please complete the final step in the Health Care Benefit Manager application process.

**Complete Application**

- Complete the required [Health Care Benefit Manager application](#).
- Access the [DocuSign Form](#) to upload and submit your completed application and supporting documents.

Call us at **360-725-7200** or email us if you have questions or need help.

**Receive the payment confirmation email**

The payment confirmation email provides instructions for the next step. Complete the Health Care Benefit Manager application and then upload the completed application to DocuSign via the links provided.
### Application for Registration as a Health Care Benefit Manager

Application is hereby made for issuance of a registration as a health care benefit manager in the state of Washington.

<table>
<thead>
<tr>
<th><strong>BUSINESS NAME</strong></th>
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<tbody>
<tr>
<td>1. Legal Name:</td>
</tr>
<tr>
<td>2. DBA Name(s):</td>
</tr>
<tr>
<td>(If applicable)</td>
</tr>
<tr>
<td>3. WAOIC Number:</td>
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<table>
<thead>
<tr>
<th><strong>BUSINESS AND MAILING INFORMATION</strong></th>
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<tbody>
<tr>
<td>4. Domicile Address:</td>
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<tr>
<td>5. Home Office / Principal Location</td>
</tr>
<tr>
<td>Address and Contact Phone Number:</td>
</tr>
<tr>
<td>6. Mailing Address and Contact Phone</td>
</tr>
<tr>
<td>Number:</td>
</tr>
<tr>
<td>7. Federal Tax Identification Number</td>
</tr>
<tr>
<td>(FEIN):</td>
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</table>

<table>
<thead>
<tr>
<th><strong>TYPE OF HEALTH CARE BENEFITS MANAGER</strong></th>
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</thead>
<tbody>
<tr>
<td>12. Identify areas of specialty:</td>
</tr>
<tr>
<td>- Pharmacy</td>
</tr>
<tr>
<td>- Radiology</td>
</tr>
<tr>
<td>- Laboratory</td>
</tr>
<tr>
<td>- Mental Health</td>
</tr>
<tr>
<td>- Other (explain):</td>
</tr>
</tbody>
</table>

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**Application Form Example**

Please complete this form and save it as a PDF.
REQUIRED DOCUMENTATION

13. Attach all other documents and items, necessary for this application. Attach the referenced items in the order presented below. Use the check box to indicate enclosure of information is within the submission.

- A. Provide a list of all current or previously held HCBM and/or other business professions licenses or registrations issued by a governmental agency. Include the type of license/registration issued, the license/registration number, issue date, expiration date, and the name of the issuing governmental agency. RCW 48.200.030(2)(a)(i), WAC 284-180-240(1)(d).
- B. A copy of the Articles of Incorporation or LLC Managing Agreement. RCW 48.200.030(2)(a)(iv).
- E. A list of names, and official positions, of all directors and officers. WAC 284-180-240(1)(b).
- F. Provide the identity of persons with any ownership or controlling interest in the HCBM including relevant business licenses and tax identification numbers, and the identity of any entity that the HCBM has a controlling interest in. RCW 48.200.030(2)(a)(ii), WAC 284-180-240(1)(b).
- I. A list of all contracted carriers along with a summary of the contract provisions for each carrier. RCW 48.200.030(2)(b).

STATEMENTS OF ACKNOWLEDGMENT BY CORPORATE OFFICER

As a corporate officer for the applicant, please acknowledge your agreement by initialing each of the following questions. Pursuant to RCW 48.200.050(3), the Commissioner may place on probation, suspend, revoke, or refuse to issue or renew the health care benefit manager’s registration if the healthcare benefits manager provided incorrect, misleading, incomplete, or materially untrue information to the commissioner.

14. Has the applicant committed any violations in this or any state or been the subject of an order from a department of insurance or other state agency? RCW 48.200.050(3), WAC 284-180-240(1)(h).

15. Has the applicant committed any act that would result in denial, suspension, or revocation of a registration? RCW 48.200.030(4)(a).

16. Applicant acknowledges they will report any material change in the information provided to obtain or renew a registration to the commissioner within thirty days of the change. RCW 48.200.030(5), WAC 284-180-240(2)(b).

17. Applicant acknowledges that it must retain a record of all transactions completed for a period of not less than seven years from the date of their creation. All such records as to any particular transaction must be kept available and open to inspection by the commissioner during the seven years after the date of completion of such transaction. RCW 48.200.030(6), WAC 284-180-310(1).

18. Applicant acknowledges that all contract form and contract amendment form filings must be submitted to the commissioner electronically using NAIC’s System for Electronic Rates and Forms Filing ("SERFF"). RCW 48.200.040(2), WAC 284-180-405(1).

20. Applicant agrees to submit the attached Affidavit prepared by a company officer authorized to submit the application and supporting documentation on behalf of the applicant. RCW 48.200.030(2)(a), WAC 284-180-240(1).

DECLARATION BY CORPORATE OFFICER

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed on this __________ day of __________ (month), __________ (year) at ____________________ (City, State).

(Signature of Corporate Officer)

(Printed name of Corporate Officer)

(Title of Corporate Officer)

Application Form Example
Please complete this form and save it as a PDF.
Step 3

Upload application to DocuSign
Reference the links in the previous email to open DocuSign.
Step 3

Email Validation: HCBM Registration for Melanie Anderson

DocuSign Demo System <dse_demo@docusign.net>
To: Anderson, Melanie (OIC)

If there are problems with how this message is displayed, click here to view it in a web browser.

External Email

Signing validation code: 9c07e3f9

RESUME SIGNING

Copy and enter the validation code into the access page to continue signing.

If you did not start signing HCBM Registration for Melanie Anderson, please contact support.

Receive email verification for DocuSign
Select the resume signing option in the email.
Step 3

Example of DocuSign process
Step 3

Please review the documents below.

To complete the Health Care Benefit Manager application, you must complete and attach all documents and items necessary for this application in the order presented below.

Business Name:

A. Completed Health Care Benefit Manager application with the acknowledgments initialed and the application signed by a corporate officer.

B. A list of all current or previously held HCBM and/or other business professions licenses or registrations issued by a governmental agency. Include the type of license/registration issued, the license/registration number, issue date, expiration date, and the name of the issuing governmental agency. Do not send copies of the licenses or registrations. RCW 48.200.030(2)(a)(ii), WAC 284-180-240(1)(d).

C. A copy of the Articles of Incorporation or LLC Managing Agreement. RCW 48.200.030(2)(a)(iv).


Example of DocuSign process
A numbered list of all contracted carriers along with a summary of the contract provisions for each carrier. RCW 48.200.030(2)(b).

DECLARATION

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Submitter's Signature: [Signature]
Submitter's Position with Company: [Position]

Date: 6/22/2021
Printed Name: [Name]
Registration Notification

Your application will be reviewed by an OIC Licensing Analyst they will check for:

- Completeness
- Compliance

If your application is incomplete:

- An OIC Licensing Analyst will advise you of what information or documentation is missing or incomplete

If your application is complete:

- You will receive email notice advising you of the status of your application
- The OIC will mail you an original Certificate of Registration along with an email copy
Registration Timeframe

Registrations are valid for one fiscal year from July 1 – June 30

Registrations may be renewed by submitting a renewal application no later than March 1 of each year and paying a registration renewal fee as invoiced by the OIC

Instructions for renewing your registration may be found on the HCBM Registration Renewal link on the OIC website

www.insurance.wa.gov
Questions?

Company Licensing & Compliance
clc@oic.wa.gov

Connect with us!
- Facebook: https://www.facebook.com/WSOIC
- Twitter: https://twitter.com/WA_OIC
- Website: www.insurance.wa.gov